



ON SALE WINE RENEWAL LICENSE APPLICATION

CITY OF SAINT PAUL
Office of License, Inspections
and Environmental Protection
350 St. Peter St. Suite 300
Saint Paul Minnesota 55102
(612) 266-9090 fax (612)266-9124

License I.D. # _____

Applicant/Company Name: _____

Doing Business As: _____ Business Phone: _____

Business Address: _____
Street Address city state tip

Mail To Address: _____
Street Address city state zip

Applicant Information:

Name: _____ Date of Birth: ____/____/____ Home Phone: _____

Home Address: _____
Street Address city state zip

Manager Information:

Name: _____ Date of Birth: ____/____/____ Home Phone _____

Home Address: _____
Street Address City state

Home Phone _____ **Original** Date of Employment: _____

Are any of the following taxes or charges for the licensed premises unpaid or delinquent?:

Real Estate Taxes — Y e s _____ No Personal Property Taxes _____ Yes — No

City Utility Bills _____ Yes _____ No Special Assessments _____ Yes _____ No

If there have been any changes in interests in premises or finances, or contracts between applicant and any person, corporation, partnerships, or any new loans since license was last issued, explain in detail:

Signature of Applicant

Date